



State of New Hampshire

2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/07/2011

Business ID: 140453

William M. Gardner

Secretary of State

PHOENIX RESTAURANT MANAGEMENT CORPORATION

75 ARMS PARK DRIVE
MANCHESTER, NH 03101

ADDRESS OF PRINCIPAL OFFICE:

75 ARMS PARK DRIVE
MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

PAIGE, JEFFREY
108 BLEVENS DRIVE
MANCHESTER, NH 03104

ENTITY TYPE: CORPORATION

BUSINESS ID: 140453

STATE OF DOMICILE: NEW HAMPSHIRE

DEAL SYSTEMS, METHODS, & CONTROLS FOR RESTAURANTS & ALL
TYPES OF EAT/DRINK EST

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
- ☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Jeffrey Paige
STREET 108 Blevens Drive
CITY/STATE/ZIP Manchester Nh 03104
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Christine Paige
STREET 108 Blevens Drive
CITY/STATE/ZIP Manchester Nh 03104
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

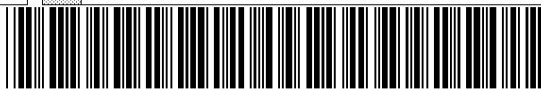
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Christine Paige

Please print name and title of signer: Christine Paige / DIRECTOR
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



014045320111002

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529